

County Jails in Tennessee: Third Survey Report

Dawn Ducote, LCSW

Paula DeWitt, Ph.D.

June 28, 2006

Introduction

In 2002 the Tennessee Department of Mental Health and Developmental Disabilities applied for and received an Edward R. Byrne grant from the Office of Criminal Justice Programs to develop a mental health and criminal justice curriculum and training program. The funding was awarded for the period beginning in July of 2002 and ending in June of 2006.

The goal of this four-year curricula development and training program was to reduce the number of persons incarcerated with mental illness in Tennessee jails.

In order to effectively evaluate the project three surveys were completed with the county jails. The baseline study on the rate of incarceration of persons with mental illness was completed in 2002 and the second brief survey was conducted in 2003, which indicated an elevated incarceration rate of individuals with mental illness across Tennessee (18% in 2002, 19.1% in 2003).

This report describes the results of the third survey of county jails in Tennessee regarding individuals with mental illness, mental retardation, and substance abuse issues who are in their custody.

Methodology

Procedures for this study varied slightly from the previous studies in 2002 and 2003. In those studies the administrator of each local correctional facility (both jails and workhouses) was contacted to complete the survey. In this third study, the survey was distributed to the sheriff of each county. This was accomplished through a partnership between project staff and the Tennessee Sheriff's Association (TSA). TSA staff faxed each survey to all 95 county sheriffs in February 2006. Project staff also presented a brief synopsis of the purpose and importance of completing the survey at the TSA Quarterly meeting, in April 2006, where copies of the survey were also made available. TSA staff re-submitted the survey by fax in April 2006, due to poor attendance at the Quarterly meeting.

In May 2006, project staff attempted to contact those sheriffs that had not submitted a completed survey in order to conduct brief phone interviews. In June 2006, another copy of the survey, along with another request to complete and

return was submitted via electronic mail (email) to those sheriffs that have electronic mail and who had not submitted a completed survey.

The 2006 Survey of County Jails is the same tool used in the Survey of County Jails in Tennessee: One Year Follow Up; Diehl & Porter, 2004. Please see Appendix A. Data was received from 46 counties, which resulted in a response rate of 48.4% (46/95). Ten of the counties indicated they could not give a specific number or estimate concerning how many inmates had a diagnosis of mental illness, so the response rate for this item is 37.9% (36/95). It might be noted that these 36 counties together account for 59% of Tennessee's population, according to July 1, 2005 population estimates from the U.S. Census Bureau.

County jail personnel were asked to think of a Sunday morning in December 2005 for purposes of providing their numbers and estimates.

Results

The 36 counties responding to the mental health item estimated there were 1,950 inmates diagnosed with mental illness incarcerated in local jails. This is 15.6% of the total inmate population reported in these counties, and a decrease from the 2003 study that reported 19.1% of the total inmate population diagnosed with a mental illness.

Thirty-three counties (34.7%) reported a number or estimate of inmates exhibiting behaviors suggesting undiagnosed mental illness. The 33 counties reported 589 inmates exhibiting such behaviors, or 7.1% of their overall inmate population. This is an increase from 4.6% in 2003.

When asked their opinion regarding if there had been an increase or decrease of individuals with mental illness in their facility over the past 12 months, respondents from 25 counties (54%) reported an increase, 6 (13%) reported a decrease, and 15 (33%) reported no change in the population over the past 12 months. A comparison of 2002, 2003 and 2005 results is shown in Table 1.

Among the 48.4% of counties overall that responded to the survey, mental health service improvements were noted by two (2) jail systems, including instituting a new medical service provider which has resulted in a reduction in the utilization of psychotropic medication, and another jail system that indicates it has improved service access by continuing medication prescribed by the local mental health agency and ensuring inmates with mental illness are seen by a psychiatric provider at the mental health agency at least once monthly. Two counties report an increase in incidence of diagnoses of depression. Another three (3) counties report experiencing an increase in the population of inmates with mental illness due to lack or loss of insurance benefits in the community, specifically, the lack or

loss of resources (insurance) to pay for psychiatric medication. While two (2) counties report the number of inmates with mental illness has not increased, they report the severity of symptoms and behavioral problems has increased dramatically. Other problems noted include co-occurring disorder (1) and cost of care and medication (1).

Table 1

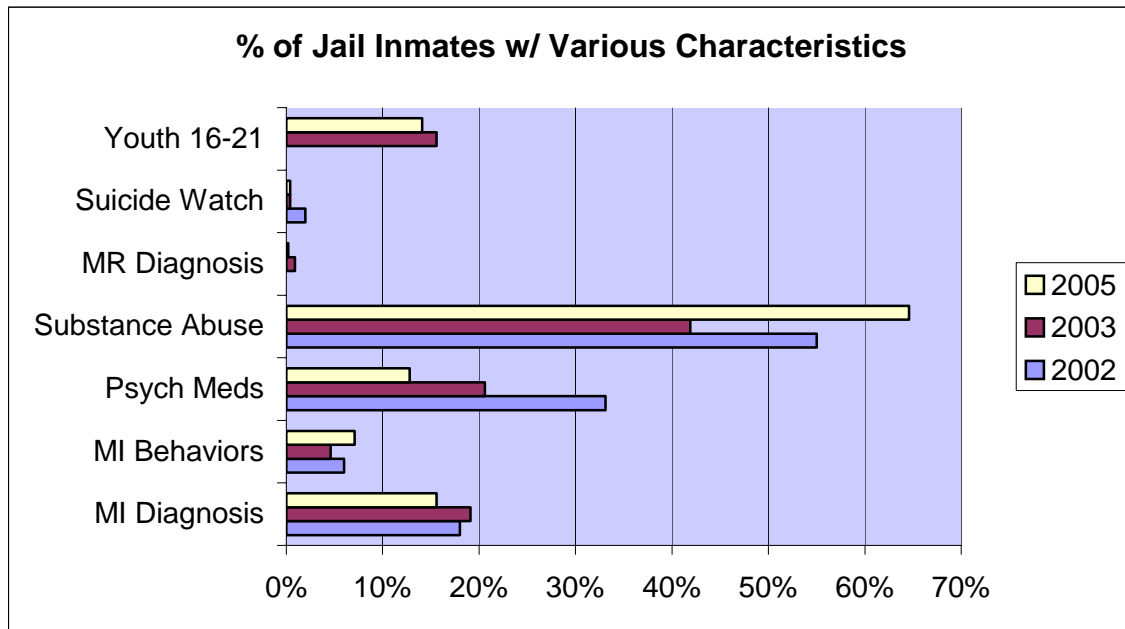
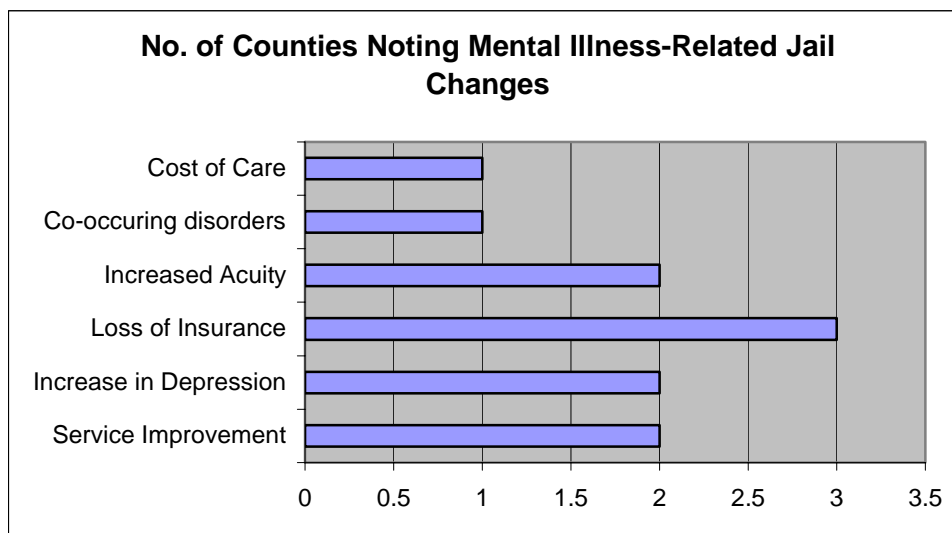


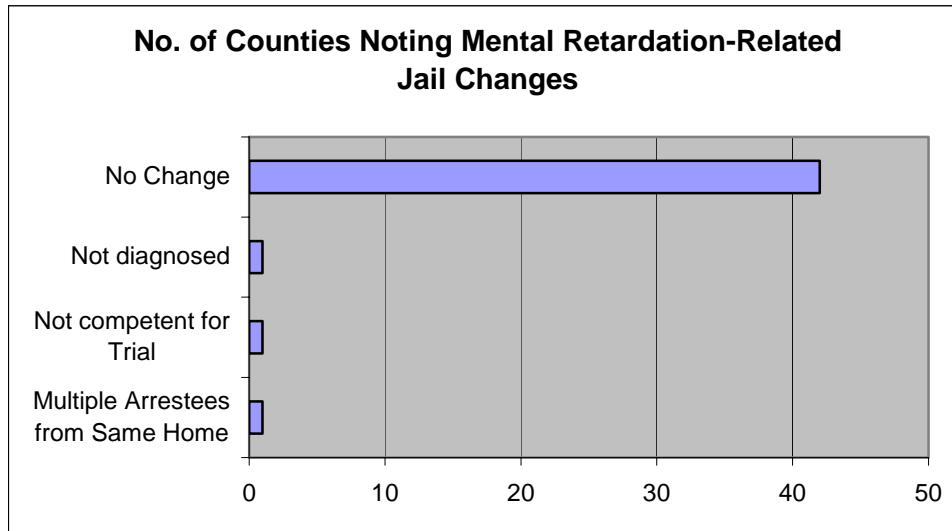
Table 2



The 46 respondents overwhelmingly reported there had been no significant change in the population of inmates with mental retardation in their facilities (91%). One (1) county indicated there were two (2) inmates from the same group home arrested and “regulars” (persons with mental retardation) that cycle

in and out of custody. Another county (1) described having several cases of individuals with mental retardation charged with serious offenses who were found not competent to stand trial and reported subsequent housing and custody issues during the period of the forensic evaluation. Thirty-three counties (34.7%) reported a specific number or estimate of how many inmates had a diagnosis of mental retardation, totaling 16 inmates, or 0.2%, of the inmate population in those counties.

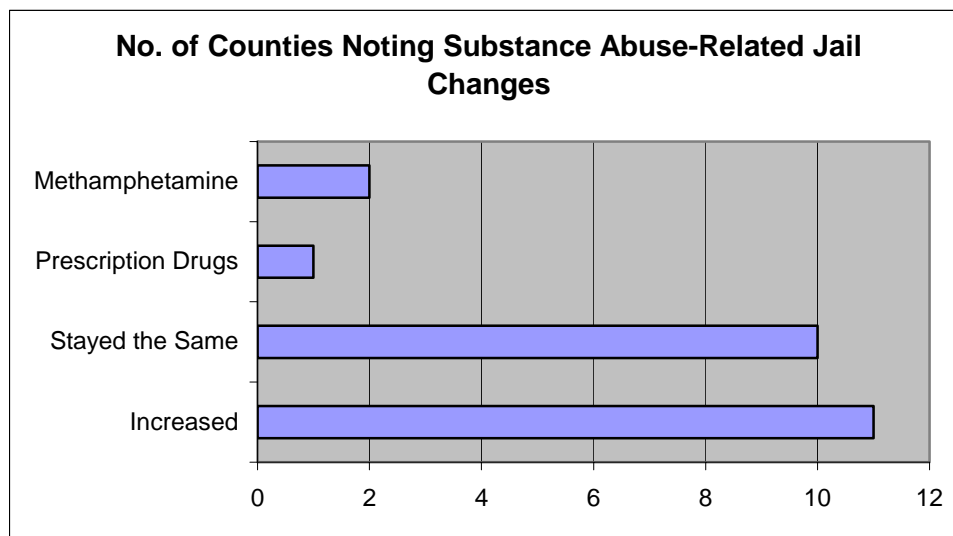
Table 3



Thirty counties (31.6%) reported a number or estimate of inmates incarcerated for crimes where substance abuse played a role. The 30 counties reported 3,677 inmates with such crimes, or 64.6% of their overall inmate population. This is a significant increase from the 2003 study that indicated respondents estimated 41.9% of inmates were incarcerated for crimes associated with substance abuse issues.

Fifty-nine percent of all survey respondents indicated there had been a change in this (substance-abuse-related) population over the last 12 months, with 40.7% of those reporting an increase in the population of inmates with substance abuse issues, and 37% of those reporting the population has “stayed the same.” The remainder of the respondents left the question blank, not describing the change noticed, but no county/respondent reported a decrease in the number of inmates with substance abuse issues. One county reported that the drugs of choice had changed from illicit “street” drugs to prescription drugs, specifically morphine and oxycontin. Two (2) counties report that the use, manufacturing and sale of methamphetamine continue to contribute to increases in this segment of the total inmate population. The respondents did not comment on service access issues surrounding substance abuse treatment.

Table 4



Thirty-nine counties (41.1%) reported a number or estimate of inmates receiving psychiatric medication. The 39 counties reported 1,652 inmates receiving such medication, or 12.8% of their overall inmate population. This is a decrease from 20.6% in 2003. The percentage of inmates on suicide watch has remained constant at 0.4%.

In the 35 counties (36.8%) that gave a number or estimate of inmates ages 16-21 in their jails, 14.1% were reported to be in that age range. This is a small decrease from the 15.6% reported for 2003. Only 15% of all survey respondents reported a significant change in the population of inmates under age 22. Most counties reported no change in the population of inmates under the age of 22. This said, several counties had other observations. One (1) county reported an increase of 11% in 2005 from 2004 for this segment of the inmate population. One respondent indicated the county has renovated their facility and doubled the number of beds dedicated to inmates under the age of 18. They report that all of these beds are currently full, which would mean a doubling of this population in that county facility. Another county (1) indicated there has been an increase in this population due to their use of substances (drugs and alcohol). No other changes were described.

Conclusion

Conclusions are somewhat difficult to make due to the lowered response rate for this survey compared to previous surveys. Having stated this, however, 3 of the 4 major metropolitan areas in Tennessee did submit their completed surveys, and there have been some significant changes in the population of inmates in local county jails as reported in this survey. First, the percentage of the total inmate population with mental illness in county jails is 15.6%, a decrease from 19.1% in 2003. The 2005 statistic is very close to the national

average of 16%¹ of the total inmate population having a mental illness. Likewise, the share of inmates receiving psychiatric medication has declined, from 20.6% in 2003 to 12.8% in 2005.

These findings could be influenced by several factors. For instance, the 2003 study noted that many facilities were arranging for mental health treatment in their facilities, including the hiring of mental health staff, contracting with private practitioners and making better arrangements with local mental health centers. These actions could have resulted in the improved screening of inmates with mental illness and appropriate medication prescribing practices (only prescribing psychiatric medication to those with a diagnosis versus prescribing psychiatric medication to treat situational issues).

Another factor that may have affected the changes in these figures is the use and distribution of training materials for correctional staff and police officers on mental health issues. The Effective Response Curriculum was developed by the Department of Mental Health and Developmental Disabilities with funding from the Edward R. Byrne grant specifically for this purpose and is widely available on the internet (www.tennessee.gov/mental/cj/responsecurriculum.pdf) and is used in several law enforcement academies in Tennessee.

While the overall rate of individuals with mental illnesses in jails appears to be decreasing, the share of inmates with substance abuse issues appears to be rising as is the share of undiagnosed inmates who exhibit behaviors suggesting mental illness. Respondents also report that although the share of mentally ill inmates may not have increased, the acuity of their symptoms have increased dramatically.

The Department of Mental Health and Developmental Disabilities will promote the decriminalization of mental illness through training and education to criminal justice and mental health personnel regarding the issues and best practices for persons with mental illness who are incarcerated or at risk of incarceration. The Department will also continue to monitor the incarceration rates of persons with mental illness through similar studies and surveys of the county jails in Tennessee.

¹ Fact Sheet: Mental Illness and Jails. Council of State Governments, www.consensusproject.org, 2002.

Appendix A

Survey of County Jails

Criminal Justice/Mental Health Advisory Committee

Introduction:

The purpose of this survey is to gather information about services for people with mental illness who are arrested on criminal charges. Please think about services provided at your facility and complete this survey to the best of your ability. Your answers will help improve mental health and criminal justice services for persons with mental illness in Tennessee.

1. In your opinion, has the number of inmates with mental illness in your facility increased or decreased in the past 12 months?

| | | | |
|------------------------------------|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Increased | <input type="checkbox"/> Stayed the same | <input type="checkbox"/> Decreased | <input type="checkbox"/> Don't know |
|------------------------------------|--|------------------------------------|-------------------------------------|

2. Thinking of a Sunday morning in December of 2005, provide your best estimate of the total number of adults (age 21 and over) in jail at your facility and the number with mental illness. Please complete the column regarding "inmates population as whole" even if you do have information to complete the other columns.

| | Inmate population as whole | Pre-adjudication (before trial) | Serving less than a year (after trial) | Serving a year or more (after trial) | Don't know |
|--|-----------------------------|---------------------------------|--|--------------------------------------|--------------------------|
| Total number of inmates in jail | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| Number where substance abuse was part of the crime | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| Number with <i>diagnosis</i> of mental illness* | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| Number with a <i>diagnosis</i> of mental retardation | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| Number exhibiting behaviors suggesting mental illness, but not diagnosed | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| Number on suicide watch | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| Number receiving psychiatric medication** | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |
| Number ages 16 through 21 | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> |

*Common psychiatric diagnoses include:

Depression
Bipolar disorder

schizophrenia
other psychotic disorder

posttraumatic stress disorder
obsessive compulsive disorder

Please do not include antisocial personality or borderline personality disorder.

**Common psychiatric medications:

Ativan (lorazepam)
Buspar (buspirone)
Celexa (citalopram)
Clorazil (clozapine)
Depakote (valproic acid)
Desyrel (trazodone)
Effexor (venlafaxine)
Elavil (amitriptyline)

Geodon (ziprasidone)
Haldol (haloperidol)
Klonopin (clonazepam)
Lamictal (lamotrigene)
Lithobid (lithium)
Nardil (phenelzine)
Neurontin (gabapentin)
Pamate (tranylcypromine)

Paxil (paroxetine)
Prolixin (fluphenazine)
Prozac (fluoxetine)
Remeron (mirtazapine)
Risperdal (risperdone)
Seroquel (quetiapine)
Serzone (nefazodone)
Tegretol (carbamazepine)

Thorazine (chlorpromazine)
Tofranil (imipramine)
Topimax (topiramate)
Valium (diazepam)
Welbutrin (bupropion)
Xanax (alprazolam)
Zoloft (sertraline)
Zyprexa (olanzapine)

3. In the past year, has there been any significant change for the population of :
- a. Inmates with mental illness in your facility?
 - b. Inmates with Mental Retardation in your facility?
 - c. Inmates with Substance Abuse in your facility?
 - d. Inmates age 16 through 21 in your facility?

Appendix B

Summary - Survey of County Jails 2005

| | Percent of Jail Pop. With Characteristic | Total No. of Inmates with Characteristic | Total No. of Inmates in Responding Counties | Total No. of Counties Responding to Item |
|--|---|--|--|---|
| Number where substance abuse was part of the crime | 64.6 | 3,677 | 5,690 | 30 |
| Number with diagnosis of mental illness | 15.6 | 1,950 | 12,518 | 36 |
| Number with a diagnosis of mental retardation | 0.2 | 16 | 9,030 | 33 |
| Number exhibiting behaviors suggesting mental illness, but not diagnosed | 7.1 | 589 | 8,310 | 33 |
| Number on suicide watch | 0.4 | 54 | 13,286 | 41 |
| Number receiving psychiatric medication | 12.8 | 1,652 | 12,934 | 39 |
| Number ages 16 through 21 | 14.1 | 1,602 | 11,329 | 35 |